



EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)/CHILD READY MONTANA

Advisory Committee

March 6, 2015 MEETING MINUTES

9:00 AM - 12:30 PM

MEETING INFORMATION:

In person: 1400 Broadway, Cogswell Building, C207-209

Video Conference: Mansfield Center, St. Vincent Healthcare -Billings

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Guiding and providing oversight to the EMS & Trauma Section to improve outcomes in the critically ill and injured child by enhancing pediatric emergency care capabilities and promoting pediatric illness/injury prevention initiatives within our state. Committee composed of representatives from professional health care organizations, child advocate organizations, community service agencies and others vested in the care of children.

CHILD READY MT -STATE PARTNERSHIP OF REGIONALIZED OF CARE (SPROC)

The intent of the program is to develop an accountable, culturally component, and assessable emergent care system for pediatric patients across Montana, which will result in providing the right care, at the right time, in the right place.

INTRODUCTIONS- roll call of members

Helena:; **Jim DeTienne**, EMS&Trauma Section Supervisor; **Alyssa Sexton**, RN, EMS&T Trauma Systems Manager; **Robin Suzor**, EMS For Children Program Manager; **Kassie RunsAbove**, Child Ready MT Program Coordinator; **Jeremy Brokaw**, Injury Prevention Coordinator; **Clint Loss**, MEMSA; **Cindee McKee**, MHA Rep; **Dr. Greg Schulte**, Pediatrician (Butte) MT Academy of Pediatrics; **Heather Racicot**, Children w/ Special Health Needs Rep; **Pam Buckman**, MT Dept. of Transportation Rep; **Dayle Perrin**-Hospital Preparedness Manager; **Gail Beckner**, HMBH; **Juanita Bueter**, Gardiner School Nurse; **Lisa Warrington**, HRD Medicaid MCH Nurse.

Billings: **Andrew Goss**, Billings Clinic Injury Prevention Coordinator; **Joe Hansen**, FAN/IRREC Rep; **Doris Barta**, ST. Vincent's Telehealth Director; **Dr. Pierson** Pediatrician-Billings Clinic

Absent:; **Vacant**, MT DPHHS FICMR Coordinator; **Harry Sibold**, MD, FACEP, State EMS Medical Director; **Dr. Salerno**, St. Vincent's Health Care; **Tony Fisher**, I HS; **Dr. Chamberlin**, St. Vincent's Health Care; **Lorna Dyk**, St. Vincent Healthcare; **Jeannie Penner**, School Nurses' Association; **Jamie Peterson**, MT Children's Trust Fund; **Robin Vanhemelryck**, FAN Chair; **Crystal Colliflower**, I HS Representative; **Rebecca Corbett**, Health Resources Division Rep; **Zoe Barnard**, Children's Mental Health Bureau.

EMSC priorities are:

To enhance healthcare professional pediatric education and training, To develop practice and care standards/guidelines; To promote pediatric injury prevention initiatives; To assist with pediatric disaster preparedness; and To develop a process to assure Emergency and Critical Care preparedness for the pediatric patient-facility Recognition.

The overall goal of the EMS FOR CHILDREN STATE PARTNERSHIP PROGRAM is to institutionalize pediatric emergency care within the larger EMS System. This will be accomplished through implementation of performance measure standards that assure the following are achieved:

- Nationally-recommended pediatric equipment are readily available in ambulances;
- Prehospital providers receive pediatric-focused training regularly and frequently to assure they are prepared to manage pediatric medical and traumatic emergencies;
- Prehospital providers have access to pediatric medical direction whenever needed to assure the right care at the right time;
- Hospitals are equipped to medically-manage pediatric medical and traumatic emergencies;
- Healthcare facilities have well-defined guidelines and clearly understood processes that assure the immediate transfer of children to the most appropriate facility when medically-necessary; and
- That emergency medical service for children priorities are institutionalized with the State EMS System.
- Ensure that family-centered/patient-centered care is part of both prehospital and hospital phases of care for all children.

The overall goal of the CHILD READY MT is to implement a replicable regionalized system of healthcare for Montana children. Specific objectives include:

- Establishing and solidifying structure for program execution.
- Examining capabilities of each component of the healthcare system to optimize the sharing of resources.
- Developing and implementing processes to manage and treat acutely ill and severely injured children.
- Developing and implementing processes to provide pediatric specialty services for children requiring access to a higher level of service while providing clinical support and expertise that may facilitate keeping the child in the home community when the child's condition allows; and
- Facilitating access to and retrieval of clinical data to ensure safe, timelier, efficient, effective, and equitable and patient-centered care.

Handouts: Agenda; Draft Pediatric Facility Recognition Criteria document, Data handouts, Regional meeting memo and reports.

MT SPROC Report- Child Ready MT - Kassie reported Miles City pediatric mock code with EMS involvement and scenarios. Kassie presented her "Cultural sensitivity/awareness training". Discussions included a scheduled webinar in September/October for dissemination across Montana. Child Ready MT is working with Indian Health Service to help educate other hospitals and healthcare re: the workings on I HS. Members discussed how to incorporate this cultural training into Prehospital services- breakout/keynote at the 2015 MT EMS Association Conference tentatively scheduled for October 8-10, 2015 in Lewistown with the breakout on Friday. Possible breakouts at the Montana School Nurses Conference in October 2015-will follow up on this possibility.

Short discussion on the Montana Medical Home Portal, displayed the website and the resources available for both providers and families. Lorna Dyk was originally scheduled to present the module, but was unable to make the meeting due to unexpected travel to SLC.

Facility Pediatric Recognition Criteria- is the process to identify the readiness and capability of a hospital and its staff to provide optimal pediatric emergency and critical care. Addresses Federal EMSC Performance Measures #74 Facility Recognition/Categorization System Medical Emergencies, #75 Facility Recognition/Categorization System Trauma Emergencies (measured on the percentage of hospitals recognized through a statewide or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical and trauma emergencies), #76 Interfacility Transfer Guidelines, and #77 Interfacility Transfer Agreements (specifically related to pediatric patients.)

Group acknowledged the contributions of Dr. Schulte in getting the endorsement for the Criteria from the Montana Chapter of Pediatricians. Group discussed the Application Instructions and about possible recruitment of Pediatric Champions across Montana to help with

the Facility Site visits. Regional Meetings with Hospitals discussed. Draft Memo, and handouts - Peds Ready Report, Child Ready Site Visit Map, Reports on Online Medical Direction and Interfacility Transfer Agreement/Guidelines Reports, Child Ready MT Brochures, and The Montana Pediatric Recognition Criteria to help start the discussions on regionalization of pediatric care in Montana.

A March 19th Scheduled Webinar with Jim DeTienne will offer an opportunity to discuss the Pediatric Facility Recognition Criteria and upcoming hospital site visits with Montana's hospitals. An invitation was sent out via email on March 4th. Jim visited St. Vincent's HealthCare and Billings Clinic Hospitals on December 18th. A second webinar may need to be scheduled depending on the need.

Data Presentations were given by Carol Kussman on the Pediatric Trauma Related data and by Jeremy Brokaw, Injury Prevention Coordinator (presentations are attached to the minutes). Discussions on Medicaid data will be rescheduled for the June meeting with Zoe Barnard. Jim DeTienne discussed the new EMS data program currently being RFP'd and developed with grant funds, more reports will be available in the future regarding prehospital MT Data. The EMS system and the Trauma system will be able to integrate data.

Kassie is working on a crosswalk on Montana data report, will be ready for the June meeting discussion.

EMSC-updates:

Joe Hansen, FAN Rep presented the MHA PIN Project and Family Centered Care Curriculum that IRECC is currently working on to increase the capacity of EMS to use family centered care. The MT School Nurses Association is currently looking at updating the school emergency guidelines-this discussion will be rescheduled for the June meeting.

Emergency Nursing Pediatric Course (ENPC) course-currently building the capacity for instructors to increase the educational opportunities across Montana. Emergency Pediatric Care Courses are also in the development stage. Educational opportunities in each region may help the barrier of hospitals and EMS providers to obtain needed pediatric education.

Pediatric Disaster Training in June in Billings- 26 registered, will send another email with information to help increase registrations--Would like to get the maximum of 60.

Member suggested putting a Roundtable Discussion on the Agenda to help inform group of other happenings across the State re: pediatric issues.

NEXT MEETING DATE for the EMSC/Child Ready MT Advisory Committee Meeting scheduled for June 5, 2015 will be rescheduled due to conflict in schedules. The in person meeting will be in Billings and the telehealth portion will be in Helena.